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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											Application or Docket Number		
APPLICATION AS FILED - (Column 1)						PART I (Column 2)		SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
FOR			NUMBI	ER FILED	NUME	NUMBER EXTRA		RATE (\$) FEE (\$)		FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))													
SEARCH FEE						* .						-	
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE									_				
(37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS		(q))											
(37 CFR 1.16(i)) INDEPENDENT CLAIMS				minus 2	0 = •			X	=		OR	x =	
(37 CFR 1.16(h))				minus 3		•		х	=	. 	\	x =	
FEE	PLICATION SIZE E CFR 1.16(s))		sheets of is \$250 (\$ additional	paper, tl 3125 for : 50 shee	ne application s small entity) for ets or fraction the	drawings exceed 100 plication size fee due entity) for each fraction thereof. See and 37 CFR 1.16(s).							
MUI	LTIPLE DEPEND	ENT C	LAIM PRES	ENT (37 (CFR 1.16(j))								
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTA	L			TOTAL	
APPLICATION AS AMENDED – PART II													
(Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR	OR OTHER THAN SMALL ENTITY	
 - `	17/02		LAIMS		HIGHEST	IIGHEST		SIVIALLE				SMALL	ENIIIY
AMENDMENT A		Α	MAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	8	Minus		= \		х	-		OR	x =	
ND	Independent (37 CFR 1.16(h))	*	3	Minus	3	=		x	_		OR	x \=	
ME	Application Size Fee (37 CFR 1.16(s))										O.C		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
								TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE	\
		(Col	umn 1)		(Column 2)	(Column 3)							
ENT B		REN A	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ((\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
ME	Total (37 CFR 1.16(i))	*		Minus	**	=		x	=		OR	x =	
	Independent (37 CFR 1.16(h))	*		Minus	***	=		x	_		OR	x =	
AMEND	Application Size Fee (37 CFR 1.16(s))												
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
								TOTAL ADD'L FI	EE		OR	TOTAL ADD'L FEE	
٠	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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